For FTA Use Only

## FTA DRUG TESTING MIS "EZ" DATA COLLECTIONS FORM

OMB No. 2132-0556

EMPLOYER I	NFORMATION	
Name		
Address		
Contact		
Phone		
Consortium L	Jsed (if applicable)	
Name		
Address		
Contact		
Phone		
	L the undersigned cer	tify that the information provided on this Federal Transit
Administrati best of my k	on Drug Testing Managem	ent Information System "EZ" Data Collection Form is, to the correct, and complete for the period stated.
	Signature	Date of Signature
	Title	
	Signature	· · · · · · · · · · · · · · · · · · ·

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any manner within the jurisdiction of any agency of the United States.

The Federal Transit Administration estimates that the average burden for this report form is 8 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Office of Safety and Security (TTS-3); Federal Transit Administration; 400 7th St., S.W.; Washington, DC 20590; OR Office of Management and Budget, Paperwork Reduction Project (2132-0557); Washington, D.C. 20503

## **B. COVERED EMPLOYEES**

EMPLOYEE CATEGORY	NUMBER OF FTA COVERED EMPLOYEES	NUMBER OF EMPLOYEES COVERED BY THE USCG			
Revenue Vehicle Operation					
Revenue Vehicle & Equipment Maint.					
Revenue Vehicle Control/Dispatch					
CDL/Non-Revenue Vehicle					
Armed Security Personnel					
TOTAL					

## C. DRUG TESTING INFORMATION

EMPLOYEE CATEGORY	PRE- EMPLOYMENT		RANDOM		POST- ACCIDENT		REASONABLE SUSPICION		RETURN TO DUTY		FOLLOW-UP	
	COL	NEG	COL	NEG	COL	NEG	COL	NEG	COL	NEG	COL	NEG
Revenue Vehicle Operation												
Revenue Vehicle and Equipment Maintenance												
Revenue Vehicle Control/Dispatch												
CDL/Non-Revenue Vehicle												
Armed Security Personnel												
TOTAL												
Number of employees re test or refused a drug tes						iod who	had a v	erified p	ositive d	rug		-
EMPLOYEES WHO REFUSED TO SUBMIT TO A DRUG TEST								Nu	ımber			
Covered employees who refused to submit to a random drug test required under the FTA regulation:												
Covered employees who	refused	to subi	mit to a	non-ran	ndom dr	ug test	required	under th	ne FTA re	egulation	•	
DRUG TRA	INING/E	DUCA	TION D	URING	CURRE	NT RE	PORTIN	IG PERI	OD		Nu	ımber
Covered employees who manifestations, and beha							_					
Supervisory personnel w physical, behavioral, and						_			•			

## D. FTA FUNDING SOURCES

regulation:

FTA FUNDING SOURCES									
Check all sections that apply:	3	_ 9	16(b)(2)	18					